



Arkansas Department of Human Services

Division of Medical Services

Donaghey Plaza South

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Telephone: (501) 682-8292 TDD: (501) 682-6789 or 1-877-708-8191 FAX: (501) 682-1197

PROPOSED - OFFICIAL NOTICE

DMS-2004-N-1

TO: Health Care Provider – Inpatient Psychiatric Services for Under Age 21

DATE:

SUBJECT: Certification of Need at Admission

I. Introduction

The independent Certification of Need Team (CON) or Medicaid Agency Review Team (MART) reviews requests for admission from inpatient psychiatric providers for medical necessity. If approval is granted, the number of days certified is based on the medical need of the recipient. The approval may be for one (1) day up to 30 days based on the evaluation of medical necessity.

Effective for claims for dates of service on or after May 1, 2004, a certification of need issued for a period of more than 10 days by the Independent CON Review Team will expire 10 calendar days after the date of approval, unless the Medicaid recipient is admitted on or before the tenth day.

II. Recipient Admitted Within Ten Days

When the recipient is admitted as an inpatient within the number of days specified on the CON or 10 calendar days after approval by the independent CON Team or MART, whichever is shorter, the initial certification of need will be effective for the specified number of days from the date of approval.

When notified by the provider that the recipient has been admitted within the number of days specified on the CON or 10 calendar days of CON approval, whichever is shorter, the Independent CON Team or MART will issue an authorization number to the provider and to the fiscal agent for the Division of Medical Services.

PROPOSED

III. Recipient is Not Admitted Within Ten Days

If the recipient is not admitted within the number of days of the initial approval or ten (10) calendar days whichever is shorter, the CON will expire. The provider must submit a new request to the Independent CON Team or MART for a new review.

If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at (501) 682-6789 and 1-877-708-8191. Both telephone numbers are voice and TDD.

If you have questions regarding this notice, please contact the EDS Provider Assistance Center at In-State WATS 1-800-457-4454, or locally and Out-of-State at (501) 376-2211.

Thank you for your participation in the Arkansas Medicaid Program.

Roy Jeffus, Director

Arkansas Medicaid provider manuals (including update transmittals), official notices and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website: www.medicaid.state.ar.us.